

### Implementing a Comprehensive Approach to Student Mental Health Promotion and Suicide Prevention: Overview and Case Study

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### Distressed Colleges Students

Over 31% of college students report feeling so depressed in the last 12 months that it was difficult for them to function.

Of those surveyed, 6.4% of college students surveyed responded that they had seriously considered suicide within the last 12 months.

ACHA-NCHA Reference Group Executive Summary (Spring 2011)

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### Deaths by Suicide: College Students

- Higher rates: Men, juniors/seniors, graduate student women, students "out of synch"
- Majority are not counseling center clients
- Firearms and overdose are most common method
- Diagnosable mental illness or alcohol/ substance abuse disorder

Silverman et al. (1997); Gallagher (2009); Golden et al. (2002)

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### Impact on Student Success

- Academic success
- Retention

ACHA-NCHA Reference Group Executive Summary (Spring 2011); Eisenberg et al. (2009); Kessler et al. (1995)

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### Protective Factors for Suicide

- Strong connections to family and other supports
- Access to effective clinical interventions
- Restricted access to lethal means
- Skills in problem-solving, conflict resolution
- Positive beliefs about future, ability to cope, and life in general
- Cultural/religious beliefs discouraging suicide

<http://www.sprc.org/library/ariak.pdf>

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### Public Health Approach

Problems occur at multiple Levels

Based on DeJong & Langford, 2002

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### Demographic challenges

- Many will not come for help (bad or no prior experiences, men, vets, lgbtq, minorities, international students)
- Counseling services could not handle everyone who needs help even if they came (current national average approximately 10%-services are at max load in most cases)
- Many might not need "therapy"
- Preventing or addressing problems before they become crises is also key concern

11/5/2012 Source: jehc

### TJF/SPRC Comprehensive Approach

Intervene at multiple levels with integrated strategies

The Jed Foundation; Suicide Prevention Resource Center

11/5/2012 Source: jehc

### Why these items?

The Framework addresses 4 central themes:

- Early intervention
- Clinical care
- Physical safety
- Prevention and resilience

11/5/2012 Source: jehc

### Identify Students at Risk

Goal: To identify those students who may have mental health problems, be at risk for mental health problems, or be at risk for suicide

11/5/2012 Source: jehc

### Program examples

- Asking for health/mental health history from entering students
- Screening programs (depression screening day, online screening tools such as AFSP or lifeline)
- Depression and substance screening in primary care settings
- Campus at risk team
- Consultation/connection to relevant campus offices: chaplains, coaches, advisors, RA's, minority affairs
- Gatekeeper trainings: value of strategic focus
- Identify and connect to hi risk groups: LGBTQ, Vets, returning students, international students

11/5/2012 Source: jehc

### Increase Help-Seeking Behaviors

Goal: To increase the likelihood that a student who needs supportive services or counseling will seek out and secure assistance

11/5/2012 Source: jehc

### Program Ideas

- Online screening tools
- Peer counseling
- Anti-stigma campaigns
- Normalizing counseling center contact through workshops, informal groups
- Educational initiatives (Active Minds, ulifeline)
- Marketing from counseling services

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### Increase Access to Mental Health Services

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

Provide Mental Health Services

Goals:

- To ensure that students who need services receive them
- To ensure services are appropriate and of high quality
- To assess and manage suicide risk

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### Essential Capacities

- Crisis protocol, with key players trained
- 24-hour hotlines widely publicized
- Sufficient mental health services on and off campus
- Clinicians trained to assess and manage suicide risk

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### Follow Crisis Management Procedures

Comprehensive Approach to Suicide Prevention and Mental Health Promotion

Follow Crisis Management Procedures

Goals:

- To respond effectively to students who are acutely distressed or suicidal
- To help survivors deal with grief and confusion and to prevent suicide contagion when a suicide does occur

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### Program Ideas

- Campus crisis planning exercises
- Post-vention is important-work with campus media
- Important also to have clear and student friendly leave of absence policies
- Drug and alcohol emergency protocols

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### Restrict Access to Lethal Means

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Restrict Access to Potentially Lethal Means

Goal:

- To limit access to potential sites, weapons, and other agents that may facilitate dying by suicide

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### Program ideas and issues

- Planning needs to be campus specific
- BUT, lab safety
- Gun safety
- Roofs and windows
- Closet rods
- Policies/education regarding AODS and online safety
- Special cases-Cornell bridges and NYU library

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### Develop Life Skills

Goal: To promote the development of skills that will assist students as they face various challenges in school and in life

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### Program Ideas

- Stress management, time management, study skills/test anxiety
- Relationship groups
- Intentional student affairs programming-how are life skills woven into student life?
- Managing money
- Physical health promoted-sleep, nutrition
- Substance abuse programming and education

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### Promote Social Networks

Goal: To promote feeling of connectedness and combat loneliness and isolation

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### Program Ideas

- Robust club and group program: special attention to hi risk and disenfranchised students or groups
- Active efforts to seek out unconnected and isolated students: peer mentor programs, RA's, academic advisors
- Religious and focused social groups-not everyone identifies with the "university"-importance of "sub-groups"-connections with local communities
- Diversity and inclusion as campus values
- Campus civility programs?

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### Increasing help seeking behavior: a case study

We will explore the experience at 1 school-Yeshiva University

- Challenges
- Planning
- Solution
- Outcomes

• But first, a brief video to frame the discussion:  
[http://www.youtube.com/watch\\_popup?v=Hxazim5m7oU&vq=medium](http://www.youtube.com/watch_popup?v=Hxazim5m7oU&vq=medium)

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### Why does rate of utilization matter?

- Most students with significant pathology are not seen at CC (Blanco 2008 and many others)
- Untreated students are less likely to graduate (Hunt, Eisenberg and Kilbourne 2010)
- "counseling centers appear to be effective in reducing suicide rates for clients" (A. Schwartz 2006)

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### Yeshiva U.-a little background

- Religious underpinnings-what is "centrist orthodoxy" (in 50 words or less)?
- Demographics-approx. 2000 undergrads, 2 campuses, relatively homogeneous community, many know each other and/or come from several communities
- embarrassment and shame can be problems in cohesive social groups (Connigan & Matthews 2003)

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### Yeshiva (continued)

- Brief history of CC
- Counseling imbedded in Student Affairs until 2004-5
- Some degree of comfort with help seeking in the community
- BUT, stigma is in general higher in people who come from religiously traditional communities and families (Eisenberg 2009)
- YU's undergrads score above national norms in religiosity

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### Rates of utilization? (not a big surprise)

- In 2005-6 academic year: 8% of undergrads seen
- In 06-7 and 07-08, 10% of students seen
- But, well below the national norm of 15.8% for schools this size (national surveys)
- Was stigma getting in the way?

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### What to do?

Several general steps were taken:

- Expand outreach efforts
- Promoting counseling as being helpful for clinical and non-clinical problems
- Active Minds
- Enhanced "At Risk" student program
- Gatekeeper training programs
- Expanded pastoral counseling program

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### Outreach efforts

- National Depression Screening Day (in 2007, 450 students participated-20% of student body)
- Regular psycho-educational programs with focus on stress, time management, sleep, drug and alcohol us-many of these programs were done with academic support offices
- Promotions re H1N1, general health risks (caffeine), crossing the street while texting
- School newspapers

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### Widen scope for "counseling"




- Sleep
- Worrying
- Lack of motivation
- Family issues

Hope was to allow students a non-stigmatizing way into the CC.

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### Active Minds



- Directly work to de-stigmatize mental illness
- "Students speak" programs attracted 15-20% of undergrads for several years
- Students spoke positively and openly about counseling experiences
- Students could interact with CC staff (who typically were discussants at programs) in informal setting

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### At Risk program and Gatekeeper training



- Interlocking committees (see Slippes in Kay & Schwartz 2010)
- Kept mental health issues "on the radar" of housing, advising, deans of students etc
- YU-SOS program of gatekeeper training-modeled after Campus Connect program
- Trained RA's, student peer counselors, coaches, some inroads with faculty and staff
- Also some resistance-seems to parallel student resistance and anxieties

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### Pastoral counseling



- Readiness to consult with religious advisers re life problems
- Rabbi/SW's and psychologists-not part of CC but became significant source of referrals (where did they reside?)
- Helped to make CC "kosher" (sorry couldn't help it)

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### Outcomes-did this work?



Here is the good news:

- In 2008-9 utilization went up to 14% of undergrads (was 10% prior 2 years)
- In 09-10: 15%
- In 10-11: 17% -remember this is higher than the national norm (15.8%) for schools this size
- Curiously, rates of "stigma" among Yeshiva students remained essentially unchanged.

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### What does this mean?



- It may be that by "reframing" mental health treatment in a more palatable way, it is possible to work around stigma to a significant extent.
- We should recognize that there could be factors that mitigate the impact of stigma: comfort with help seeking (and even some level of dependency), comfort and trust in the care-giving system, messaging that diminishes the connection of help seeking from pathology
- As pointed out in the opening film, how we present our messages may make a substantial impact on students' ability to hear, see and respond to what we are saying

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